



## Department of Energy

Pacific Area Support Office

P.O. Box 29939

Honolulu, HI 96820-2339

18 MAY 1990

PAGE 1

*Bar Medical file*  
**G58**

TO: J. H. DRYDEN, DIRECTOR, PASO

### TRIP REPORT OF SPRING 1990 MEDICAL MISSION

#### I. BACKGROUND

I served as the Department of Energy's field representative during the entire Spring medical mission conducted by Brookhaven National Laboratory.

#### II. DATES AND ITINERARY

March 18-24	Kwajalein/Ebeye
March 24-April 1	Majuro
April 1-7	Utrik
April 8-12	Mejatto
April 12-13	Kwajalein

#### III. ACTIVITIES AND OBSERVATIONS

It would be an accurate statement to say that this mission was one of the more productive and satisfying that I have accompanied to the field....not only in terms of facilities and support, and excellence of the ship's personnel, but in the performance, professionalism, and compatibility of the medical staff and visiting doctors. They were pleasant to be around and to work with, and, I believe, enduring relationships were established among members of the team. This congeniality was maintained throughout, even in the face of petty inconveniences aboard ship, etc.

Full examinations were conducted on three hundred and thirty-nine Marshallese at four separate locations. One-hundred and sixty children were seen and treated at island sick calls by the pediatrician. We also shot almost one-hundred and fifty x-rays, including one hundred mammograms. In addition, the Marshall Islands health care system referred nearly fifty consultation cases to our vessel, and our doctors also saw problem cases at the Majuro hospital. Overall, we will have six patients for Honolulu referrals in May (three from Utrik; two from Majuro; one from Ebeye, none from Mejatto). It was quite a busy mission!

##### A. Ebeye

As customary, the survey started on March 18, with a pre-mission meeting aboard the refurbished DOE vessel, the G.W. Pierce, just returned from dry-docking in Australia. Mission personnel, team members, and crew all met one another and the goals and the working protocol for the mission, as well as the "do's and don't's" were reviewed and discussed. It was followed by the community meeting on Ebeye with our BNL ID card holders and interested Marshallese, most of whom were Rongelapese. About twenty persons showed up for the meeting, an average turn out for Ebeye. BNL was asked why it

*Harry Brown's Files, NW*  
*BNL Medical*

frequently changes doctors from mission to mission. Dr. Adams replied that this practice enabled BNL to bring different medical specialists for different trips and times (For example this trip included a pulmonologist for the first time in ten years, and also included a lung technician with computer-aided, diagnostic equipment). He said the changeovers result in good, medical cross checks on diagnoses and treatment.

During the five days of examinations at Ebeye, sixty two individuals were seen. There were several referrals from RepMar and at least ten mammography cases. Dr. Alan Talens, Chief of Staff at Ebeye Hospital visited the ship and also consulted with the medical specialists on board.

The medical staff and tech were very pleased with the x-ray results, especially after the difficulty we had on the previous medical mission. Kudos are due H&N for aggressively tackling and solving the problem before the mission began. A lot of hard work, time, energy, and expense was lavished, and correctly so, on solving this critical problem.

We did experience shortages in some medical drugs (i.e. cardiac medicines) and were obliged to draw emergency supplies from the helpful Kwajalein Hospital. BNL was uncertain where control of the drugs was lost: either at the N.Y. end or in the supply train someplace, but it has accepted full responsibility for the loss. Some drugs in low supply were short-ordered from Honolulu and supplied quickly to the mission, another excellent response by Holmes & Narver.

#### B. Majuro

I had several significant meetings in Majuro, prior to the start of the mission there. I met with the new doctors hired by the Nuclear Claims Tribunal, to examine 177 claimants. They were Drs. David Frankel and Mary Blankish, recent graduates of U.C.L.A. We met together on the ship with Bill Adams and Pete Heotis to discuss medical matters and exchange information. The NCT doctors are devising a work plan to visit and examine claimants in all the atolls and sought BNL's professional advice in planning their activity. We of course pledged our cooperation and assistance with the caveat that close reliance on DOE/BNL may affect their credibility with some in the Marshalls.

I was pleased to spend some time with Senator Hiroshy Yamamura of Utrik who visited the vessel and talked with us. This senator, elected two years ago, has been rather dubious of DOE and had not, heretofore, made an effort to meet us or familiarize himself with our operations and program. Our discussions were cordial, he seemed interested in our work, and appeared to appreciate our services to his people. He also requested information from us which I

promised to send him.

I met on several occasions with Marie Maddison, Secretary of Health and her key, public health staff. Since we were continuing to experience difficulty in securing RepMar personnel to assist in our missions, it was necessary to hold special talks. We did so on March 28th. At that meeting, attended by Marie, Jan Allfred, Dr. Palafox and others, it was agreed that DOE will, in the future, request staff help from the Preventive Health branch of the Ministry. This branch, also responsible for outer island health care, will provide workers of their choice and availability to meet our needs once we specify the numbers and genders of the required personnel. Pre-mission coordination will be closer so that we can recruit doctors that will doubly fit in with RepMar's ongoing public health priorities and campaigns. We also agreed to pay their staff a standard stipend of \$15.00 a day, to accord with other programs and users in the Marshalls. I volunteered to draft an MOU on the subject if RepMar sends me their "boilerplate" for the document. Jan Allfred agreed to do so.

We experienced a problem with RepMar Public Safety Division regarding the registration status of our government vehicles which took several meetings to resolve. Upon arriving in Majuro, I learned that one of the two pickups assigned to the Enewetak Program Coordinator in Majuro had been impounded by the police chief. While I had no quarrel over that action, I was concerned about the authority of local officials to register the pickups as RepMar vehicles, in effect. I was successful in bringing this issue to the attention of the RepMar Attorney General, Dennis McPhillips, who ruled that under the Compact of Free Association, the RepMar lacked such authority. The police chief was directed to release the vehicle to us and we were asked to put U.S. plates back on our pickups.

Our visit to Majuro was distinguished by the visit of President Amata Kabua to the G.W. Pierce. On the evening of March 28, President Kabua, along with Chief Secretary Oscar De Brum, and fisheries consultant Bob Iverson joined us for dinner and discussion in the ship's galley. Mr. Kabua received an excellent overview of our medical program from Dr. Adams and asked several insightful questions about our program. It was a most cordial and pleasant visit and we were deeply honored by it. He did raise an uninformed question about Runit which, of course, I relayed to you and you responded with updated information from our most recent radiological and photographic survey of that island. It arrived before I left Majuro and I was able to leave it with the President's staff.

Among other visitors to the vessel during the week to tour the ship, observe the mission, and join us for lunch were U.S. Ambassador and Mrs. Sam Thomsen, RepMar Foreign Minister Tom and Mrs. Kijiner, Claims Tribunal Judge Paul Devens, and

Mrs. Note (from his staff), Dr. Neal Palafox, Editor Giff Johnson (M.I. Journal), Peter Oliver (Compact Implementation Coordinator), Utrikese Attorney David Strauss, and several pilots and friends from A.M.I.

The town meeting at Majuro was, once again, lightly attended. Fifteen persons showed up and asked no questions. Dr. Adams introduced the staff, etc.

The mission, however, was another matter: quite busy. In addition to our examining sixty-five persons, nearly forty people were referred to us by RepMar. Many mammograms were taken and read for them. Also, our doctors contributed their time to RepMar by visiting the hospital and providing valuable medical advice and consultations to the staff physicians. The pulmonologist was particularly helpful.

As customary while the ship is at Majuro and scheduled to sail to Utrik next, the large, resident-Utrikese community requested cargo space to ship family goods and to travel as passengers to Utrik. Even Mayor Attari requested passage. I agreed to permit him to sail with us on a space available basis, and only if the request was submitted to me in writing by the Council. He did so, and his request to take one councilman, was reinforced by Senator Yamamura.

#### C. Utrik

Most of the medical team, many of whom changed over before leaving Majuro, flew on the regular AMI flight to Utrik on Monday, April 2. Timing was perfect as the ship, after a thirty hour sail from Majuro, had just anchored when the plane arrived.

The weather was absolutely magnificent for the five-day visit. Sunny skies, light trade winds and excellent, lagoon conditions. Our small boat had no difficulties in operating during the week, moving the patients to and from the shore. Indeed, because of the balmy weather, and presence and activity of eight doctors to handle the workload, we were able to shave one day off the Utrik work schedule.

We opened the visit with a well attended community meeting the first evening. Close to fifty people showed up, listened politely to the plan of work, and had no significant questions. Dr. Adams drew their attention to an erroneous article from the 3/9/90 issue of the Marshall Islands Journal which mis-stated BNL-collected, Hepatitis B incidences in the Marshall Islands as "radiation-cause illness". Dr. Adams explained the facts to the assembled group. The Health Aide, Luwer, appealed for closer coordination with the team so that he could maximize follow up care with the 177 Health Plan for which he is the on-island representative. This suggestion resulted in Luwer being invited to participate in the evening discussions of the daily cases among the doctors. It worked out quite well, actually.

As usual, we were extremely busy at Utrik. The doctors saw one hundred and thirty-nine patients aboard ship, the most at any location. The pediatrician (brought because of the 177 program's decision not to join our mission this trip) was really swamped: he treated one-hundred and ten, mostly children, during sick call ashore.

The stay at Utrik was cordial and pleasant. The community was pleased with the donation of gifts from DOE, i.e. coffee, toys, sporting equipment, wheelbarrows, trash bins, surplus diesel and gasoline, and used clothing, etc. In fact, the new Mayor and Council gave a huge party to the mission on the last evening, replete with singing, chanting, traditional gift-giving, and local foods. We much appreciated the hospitality which was very reminiscent of the early years of our visits to the outer islands.

Dr. Adams and I met privately and separately at their request, with the mother and oldest daughter of Bank Lalimo, a prominent Utrikese exposed, who died suddenly and unexpectedly three months ago. (Fortunately, we had been informed in advance of the public's concern about this Rep/Mar-treated case, and Dr. Adams had detailed knowledge of it). They seemed satisfied with the explanations and the information on making claims for compensation to the Nuclear Claims Tribunal.

There were three patients selected for referral to Honolulu for further work. However, another individual, Lanien, had to be referred immediately to Majuro for 177 Health Plan action, and, since it was the weekend and we were going to sail to Mejatto that day, we left instructions for the aide to send the patient on the Monday morning flight to Majuro. It was done as urged. (Subsequently, although the person was treated in Majuro, the 177 folks refused to accept responsibility and costs for the referral... a poor decision in our opinion which we plan to discuss later with the 177 staff.)

#### D. Mejatto

The thirty three hour sail from Utrik to Mejatto, though smooth and calm was not without major difficulty. During the night, one of the two main engines shut down because of a damaged gear box. It delayed our arrival to Mejatto by several hours.

I was pleasantly surprised at the large turn out of sixty persons at the community meeting. Again, Dr. Adams explained the newspaper article (mentioned above), introduced staff, and discussed the mission. Because of the lateness of the hour and our desire to return to the vessel before full darkness, I asked that questions be deferred to me on the boat during the week. (None were asked).

We worked three days at Mejatto and departed the early afternoon of April 5, because of a serious infection to the Chief Engineer which would require immediate hospitalization at Kwajalein. As it was, the doctors intensified their work and completed the exams. In fact, they examined seventy-three adults, a large number for Mejatto. The sick call doctor also saw sixty others ashore at the dispensary.

The weather held up for the most part. The seas were reasonably calm in early to mid morning, but deteriorated rather rapidly by late afternoon. A Mejatto anchorage can be rather dicey due to the high winds, nearby shoals and reefs, and heavy seas inside the lagoon. That combination caused us to cancel operations one afternoon.

The community liked the gifts we gave them, including some diesel fuel. They also appreciated the slide show that BNL put on one evening which depicted laboratory activities and the like, back at Brookhaven. (The same performance was given at Utrik, by the way.)

Mayor Edison Anjain requested our assistance in transporting himself and family back to Kwajalein since he was directed by to Rongelap office in Majuro to proceed there for meetings and his normal means of transport, the Rongelap catamaran, had broken down. I agreed to help him out as well as a dental patient with an abscessed tooth.

#### E. Conclusions

No large, logistically complex mission, with a high number of participants, in the distant and remote Marshall Islands can be conducted without mishap and problems. Although our vessel had just returned from drydock in Australia, and was in reasonably tip-top condition, its delayed return from there left little time to prepare the vessel for the onerous medical mission. Holmes and Narver did a very creditable job in ensuring sufficient manpower and attention to mission preparation and support, outstanding for the most part, really, given the circumstances. A first rate job was done on getting the troublesome mammography machine ready. However, the installable metal railing on the stern platform, very useful for patients coming on and off the boat, was left behind. While a beautiful and careful job was done on the flat-bottomed small boat, and "Whaler", the other Boston Whaler was not brought along... and we experienced difficulty, at Mejatto, with Whaler one.

There were other nagging problems. The icemakers aboard the ship failed at one point, the water maker went down, the bunk van air con caused trouble, the bearing in the gear box self-destructed, the engineer was laid low by serious infection, one of the deckhands was struck by ciguatera, and many in the team caught bad colds and the like. Yet, and I mention it not so much to chronicle what went wrong, but to emphasize that in spite of these setbacks, the mission's

personnel and team persevered and performed admirably. The Captain and crew were simply superlative, H&N was outstanding before, during, and at the end of the mission, and the BNL team was incredibly competent, as well as equanimious. Truly, the people are what make a mission.

Several items should be followed up:

1. H&N, in anticipation of an amended MOU with RepMar governing personnel support to medical missions, should draft a change to PASO S.O.P. #3 re: \$15.00 a day stipend for RepMar mission participants in lieu of the present policy of paying them overtime, for their work.
2. In view of the large numbers of participants in the Spring medical mission, as well as the occasional need to transport patients and local officials to/from Utrik/Mejatto, H&N should review the optimum numbers that can be safely transported aboard ship and for which there will be basic, life-support gear in the unlikely event of an evacuation.
3. I was pleased to see that H&N quickly labelled and sent license plates to Majuro for our vehicles. However, the one for Reynold De Brum, whom is generally known and called in the Marshall Islands, the DOE REPRESENTATIVE, was labelled DOE COORDINATOR. A corrected one should be issued to him in due course.
4. It is timely to revisit the MOU with the 177 Health Plan, especially in view of our recent experience with that agency. I will initiate this.

Original Signed By:  
WILLIAM D. JACKSON

William D. Jackson  
Program Liaison Specialist

cc: Linda Smith, Acting Deputy Manager, DOE/NV  
→ Don Schueler, AMTS  
Harry Brown, DAMTS  
H&N/PO